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ABSTRACT

The paper briefly describes Public Law 99-457 (The Education of the Handicapped Act Amendments, 1986) with emphasis on implications for families, service providers, and early childhood educators. Among the law's components are the following: all the rights and protections of Public Law 94-142 (Education for All Handicapped Children Act) are extended to preschoolers (ages 3-5) by the school year 1990-1991; state reporting requirements allow a general category of developmental delay instead of specific disability categories; a new state grant program for handicapped/at-risk infants and toddlers is established; required for each child is a multi-disciplinary team assessment and a written Individualized Family Service Plan. Specific intervention services may include special education, speech and language therapy, audiology, occupational/physical therapy, psychological services, and diagnostic medical services. Case management services are required. The law stresses the importance of the family in all intervention efforts; the importance of matching services and intervention models to the unique needs of each child and family; and the importance of interagency agreements, participation, and cooperation. (DB)

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Public Law 99-457-An Ounce Of Prevention

Barbara Lowenthal

Public Law 99-457 (The Education of the Handicapped Act Amendments, 1986) offers an ounce of prevention and hopefully many pounds of cure to handicapped young children and their families. One section of the law affects 3 to 5 year old children while another section provides assistance to infants and toddlers (birth to two) and their families. Specific componants of each section first will be described and resulting implications for families, service providers, and early childhood educators then will be discussed.

For the 3 to 5 year age group, all the rights and protections of Public Law 94-142 (Reauthorization of the Education of the Handicapped Childrens Act, 1986) are extended to handicapped preschoolers by school year 1990-1991. In effect, services are mandated for all handicapped children in this age group. To support this goal, the prior preschool incentive grant program was revised to reflect a great increase in the federal fiscal authorization and contributation for this age group. By 1990, all states applying for P.L. 94-142 funds will have to confirm that they are providing an appropriate public education to these handicapped preschoolers. Failure in compliance will mean loss of the following monies: the new preschool grant; money generated under the previous formula in P.L. 94-142 which has expanded to include the preschool population; and grants and contracts related to early childhood special education.

The states are not required to report these children by disability category such as mental retardation, learning disabilities, emotional disturbances, etc. A general catagory of developmental delay can be utilized instead. Another change in P.L. 99-457 is the additional emphasis given to the role of the family and accompanying services. Family services will be important components of preschool programs and whenever appropriate and to the extent desired by the parents, a preschoolers individualized education program (IEP) will include instruction for the parents. The committee report accompanying

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the legislation also approves variation in the length of the school day and in the range and variety of preschool programs, examples being full day, or part day center based, and part day home based. The programs will be administered through the state education agency and local education agency. However, these agencies may contract with other programs and providers in order to offer a range of service models. By 1990-1991, an amount of 1,000 dollars per child will be authorized by the Federal Government. However, this is an authorization level only as Congress must still appropriate the money. The full service mandate is delayed for one school year until 1991-1992 if projected full funding is not appropriated by the Federal Goverment during the 1987,1988, and 1989 school year; and if the federal appropriations for the year 1990 is less than 900 dollars per child.

In addition to servicing the eligable 3 to 5 year old handicapped children under P.L. 99-457, the law establishes a new state grant program for handicapped/at risk infants and toddlers, ages birth to two years, for the purpose of providing early intervention services. The eligable population is defined as all children from birth to two years of age who are developmentally delayed, who have conditions that typically result in delays, and who are at risk for developmental delays. The criteria for each of these catagories are to be determined by the state. The timelines are the following for the state to receive a grant: for the first two years, the governor must decide on a lead agency for overall administration of the program. An Interagency Coordinating Council, composed of pertinant agencies, consumers,and service providers must also be established by the governor. The functions of this council are to help in the development and implementation of the state grant, assist in the interagency agreements, and locate necessary resources. By the third year of the grant, the state must adopt a public policy which specifies all the components of a statewide system for providing early intervention services. By the fourth year, a statewide system must be in effect providing early intervention services; and by the fifth year, early intervention services are mandated throughout the state.

Early intervention services include for each eligible child, a multidisciplinary team assessment and a written Individualized Family Service Plan (IFSP) developed by the team and parents. This IFSP must include the following:

(1) a statement of the childs present level of functioning in the areas of speech/language, cognition, motor, self-help, and psychological; (2) a statement of the family's strengths and needs which relate to stimulating the childs development; (3) a statement of major outcomes expected to be achieved by the child's family; (4) the criteria, procedures, and timelines for determining progress; (5) the specific early intervention services necessary to meet the needs of the child and family; (6) the projected dates for initiation of these services and expected duration: (7) the name of the case manager; and (8) procedures for transition from early intervention into the preschool program.

Specific intervention services which may be provided on the IFSP include special education, speech and language therapy, audiology, occupational/ physical therapy, psychological services, parent and family training and counseling, transition services, medical services for diagnostic services, and health services necessary to enable the child to benefit from other early intervention services. In addition, case management services should be established for the child and parents. The early intervention services are to be provided at no cost to parents except where federal or state law requires a system of payment by parents. Also, qualified personnel must deliver these services which means that each state should have a system for the establishment and maintenance of statewide certification, and licensing policies for personnel involved in early childhood special education and related services.

Implications of P.L. 99-457 extend to the roles of the family and service provider, interagency agreement, case management, and standards for qualified personnel. The importance of the family in any intervention efforts is highlighted on the IFSP, which is developed for and with parents and is intended to be nonjudgmental. The IFSP should reflect the family's values, interests, and priorities. In addition, it will identify the family's strengths and needs in relation to enhancing the child's development; this may include the presence or absence of environmental supports and resources as well as the family's ability to access resources. To the extent desired by the family and appropriate for the child, implications of the Law are that services should be offered that will stimulate the child's learning and adapting to daily living demands. The family also can obtain assistance in acquiring skills and

knowledge necessary to further their child's progress. The parent instruction could include the following: information and training about child development, education methods and techniques, behavior management, parenting, knowledge about the preschooler's specific handicap, and about availability of community resources such as day care and respite care. Parent instruction could be implemented through workshops, lectures, conferences, support groups, counseling, consultations with service personnel, or referrals to outside sources of help. The professionals involved therefore should have the necessary skills in order to provide this assistance to parents.

A related implication of this legislation is that the dilemma of the " match " must be resolved; in this case, there has to be a match of services and intervention models to the unique needs of each family and child. Each intervention model must offer necessary parent and family services as well as incorporate all areas of child development. The model may use a variety of agencies and personnel to fulfil these goals but the overall model must cover all areas. Therefore, a variety of settings and a continuum of alternative services, including the least restrictive environment, should be available; these need to provide parents with a choice between home based or center services, whichever is most appropriate. Case management is an essential method to offer this alternative service delivery as the case manager will assume the responsibility with the family of identifying their needs and locating services. A related implication of the new law appears to be that case management will not be regarded as a new profession, requiring certification or licensure. Instead it is an extension or redefinition of existing professional roles and responsibilities. Training in case management also should be available to parents who wish to acquire the necessary skills.

In addition P.L. 99-457 stresses the need for interagency agreements, participation, and cooperation at the federal, state, and local levels. According to the recommendation of the Division for Early Childhood of the Council for Exceptional Children (Smith,1987), these interagency agreements should specify the nature and extent of responsibility of each agency and monitor that needed services are actually delivered within the specified timelines of the IFSP. Standards of what is considered best practices for

these agencies should be planned and monitored by Interagency Coordinating Council. Further implications of this law relate to standards for training early interventionists; these standards would require competence in a particular discipline, competence in early intervention within that profession, and competence in functioning on an interdisciplinary team within an early childhood setting. A comprehensive statewide personnel plan is indicated, one which includes provisions for preservice and inservice training, continuing education, regulations for grandparenting current service providers, and training for personnel at different levels including the paraprofessional, professional, and supervisor in the field of early childhood special education and related services. Thus, the field of early childhood special education and related professionals are likely to expand; with this expansion, there would be a corresponding need for more trained preschool educatiors and personnel who are prepared to work with handicapped and at risk preschoolers and their families (Lerner, Mardell-Czudnowski, & Goldenberg, 1987). A final implication appears to be that the task of developing personnel training standards should be a cooperative effort between professions and include practitioners, institutions of higher education, and state agencies. In conclusion, P.L. 99-457 is a momumental piece of legislation because of the ounces of prevention it offers handicapped young children and their families through well planned early intervention which hopefully will result in many pounds of cure in their futures.

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